

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6173**  
**1948**  
Registrar's No.

No. 300  
10.48

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1130 Hodiament</b>		d. STREET ADDRESS (If rural, give location) <b>1130 Hodiament</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAM</b> b. (Middle) <b>F.</b> c. (Last) <b>FOX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>Abt. 53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Louis Fox</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude Fishman Fox</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude F. Fox - 1130 Hodiament</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkin's Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>FOIX</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct. 1930</b> , to <b>Feb. 1949</b> , that I last saw the deceased alive on <b>Feb. 20, 1949</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. B. ...</b>		23b. ADDRESS <b>607 N Grand Ave</b>	
23c. DATE SIGNED <b>Feb. 27 1949</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herbert ... 5216 Delmar</b>	
DATE REC'D BY LOCAL REG. <b>MAR 1 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>	

APR 12 1949

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed .....  
Student Embalmer

Signed

*John Ketter*  
Licensed Embalmer No. 3880  
P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.